



Open Enrollment Edition

Open Enrollment Web Page: Visit the PEEHIP Open Enrollment web page at www.rsa-al.gov/PEEHIP/open-enroll.html for information to make informed decisions about your health plan selections. You will find FAQs, tutorials, deadlines, the Open Enrollment Packet, and other helpful information.

Open Enrollment Packets: PEEHIP will not be mailing Open Enrollment Packets to members, but instead, active and retired members can view and/or download a copy of the 2013-2014 Open Enrollment packet from the PEEHIP Open Enrollment web page referenced above. For members who do not have Internet access, an Open Enrollment Packet can be mailed by contacting RSA Member Services at 877.517.0020.

Online Open Enrollment: Make your Open Enrollment changes **online!** It is the easiest, most efficient, and **preferred way** to enroll in new coverages or make changes to your existing coverages! Each year, the majority of our members elect to make their changes online.

1. Go to www.rsa-al.gov and click Member Online Services or go direct at <https://mso.rsa-al.gov>.
2. Enter your self-selected User ID and Password at the Log In page.
 - ◆ **New User:** Click *Register Now* to create your own User ID and Password.
 - ◆ **Forgot User ID and/or Password:** Click *Reset Account* and provide the requested information.
3. Once you successfully log in, click the link *Enroll or Change PEEHIP Coverages* from the PEEHIP menu.
4. Click the *Open Enrollment* option and follow the on-screen prompts until you receive your Confirmation page.

What's New? The NEW ENROLLMENT AND STATUS CHANGE form is the NEW form to be used for members who do not have Internet access and wish to make Open Enrollment changes. Any new enrollments, changes, and/or cancellations should be submitted on this one form which combines the old forms HEALTH INSURANCE ENROLLMENT AND OPTIONAL ENROLLMENT APPLICATION and the HEALTH INSURANCE AND OPTIONAL STATUS CHANGE. We will mail you the form if you contact RSA Member Services at 877.517.0020 and make a request. The new form is also available on the PEEHIP forms web page.

Helpful Information about Open Enrollment:

- ◆ You do not need to do anything during Open Enrollment if you are satisfied with your current coverage. If you take no action, you and your eligible dependents will remain on your current plan(s).
- ◆ **EXCEPTION:** If you want to renew your **Flexible Spending Accounts** or **Federal Poverty Level Premium Discount**, you must **re-enroll each year** as these two programs do not automatically renew.
- ◆ Members enrolling in new insurance plans should receive a new ID card no later than the last week in September. ■

Important Open Enrollment Dates

Open Enrollment begins July 1, 2013, and will end by the following deadlines:

- ◆ **Online:** The deadline for submitting **online** Open Enrollment changes is midnight **September 10, 2013**. After September 10, 2013, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed. **Online enrollment is the easiest, most efficient and preferred method of enrolling or making changes.**
- ◆ **Paper:** The deadline for submitting **paper** Open Enrollment forms is **August 31, 2013**. Any paper forms postmarked after August 31, 2013, will not be accepted.
- ◆ **Flexible Spending Account:** The deadline for enrollment or re-enrollment in a **Flexible Spending Account** online or on paper is **September 30, 2013**.

Effective Date of Coverage:

All Open Enrollment elections approved by PEEHIP will have an effective date of
October 1, 2013

The Coordination of Benefits Audit is About to Begin!

As announced in the May 2013 *PEEHIP Advisor*, PEEHIP is set to begin the Coordination of Benefits audit early this month to ensure that medical and prescription drug claims are being processed correctly on members and dependents enrolled in PEEHIP coverage.

How does the Coordination of Benefits Audit Process Work?

- ◆ Secova, our administrative partner, will mail a Coordination of Benefits Packet to all members the second week of July, which details the Coordination of Benefits audit process.
- ◆ Secova will provide a dedicated call center, staffed with knowledgeable professionals who will offer members confidential support during the audit process.
- ◆ You will be required to complete the Coordination of Benefits (COB) Form and provide any other Hospital, Medical, Prescription Drug, Dental or Vision insurance coverage, **excluding Medicare and PEEHIP**, that you, your spouse, and/or dependent children may be covered under.

PEEHIP **retirees** who retired after September 30, 2005, will also be required to complete the Retiree Employment Verification Form as part of the Coordination of Benefits audit.

- ◆ If you, your spouse, or your dependent child(ren) have Other Hospital, Medical, Prescription Drug, Dental or Vision insurance coverage, you are required to provide a copy of the **front and back** of the Other Insurance card for each Policy Holder insured.

How do I send my COB Form, Retiree Employment Verification Form (if applicable), and other documents?

- ◆ **Do NOT send documentation to PEEHIP – you must send it to Secova.**

Members may submit the COB Form, Retiree Employment Verification Form and other documents in one of three ways:

1. **Online:** PEEHIP is encouraging our members to complete the COB process electronically by using the online option. This is the **preferred method**. Secova is providing a secure, easy and convenient way to review, update, and submit your COB Form electronically. Visit PEEHIP's secure website at <https://verify.secova.com/PEEHIP> to complete your COB Form and scan and upload documentation.
2. **Fax:** 866.422.6918 (toll-free)
3. **Mail:** Secova Service Center, 1800 Route 34, Bldg 3, Suite 301, Wall, NJ 07719-9966 (Paper forms are accepted if returned by August 30, 2013).

Please be advised your confidentiality is of utmost concern to PEEHIP and Secova. Secova has a strict privacy policy to ensure that the information you submit by any method is kept private and secure.

The deadline for completing your COB and Retiree Employment Verification Form (if applicable) is August 30, 2013.

Failure to provide the required information by August 30, 2013, will result in your account being placed on claim hold and a delay of payment or denial of medical and prescription drug claims.

For More Information about the Coordination of Benefits audit, members can contact Secova's toll-free call center beginning July 8, 2013. Representatives will be available to assist you Monday through Friday from 8:00 AM to 8:00 PM CST. Your call is always confidential.

Your cooperation in this audit is greatly appreciated and will allow PEEHIP to better control costs and thereby keep your premiums, copays, and deductibles low. ■

Summary of Benefits and Coverage

Availability of Summary Health Information

The Patient Protection and Affordable Care Act (PPACA) of 2010 created a new federal requirement for group health plans to provide the Summary of Benefits and Coverage (SBC) form to health plan members during Open Enrollment.

PEEHIP offers health coverage options. To help you make an informed choice, PEEHIP makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about health coverage options to help you compare across options.

The SBC is available on the PEEHIP web page at www.rsa-al.gov/PEEHIP/SBC.html. A paper copy is also available, free of charge, by calling Member Services toll-free at 877.517.0020.

The SBC is meant as a summary only, and the coverage examples in the SBC on pages 2 and 7 are for illustration purposes only and may not be representative of the actual charges for copayments or out-of-pocket expenses for PEEHIP. For more detailed benefit information, see the PEEHIP Summary Plan Description (SPD) at www.rsa-al.gov/PEEHIP/peehip-pubs-forms.html.

Participate in PEEHIP's Flexible Spending Accounts and Save Money!

PEEHIP offers two types of Flexible Spending Accounts (FSA) to **active** employees:

1. **Health Care FSA.** Do you or a family member have at least \$120 in out-of-pocket medical expenses in a year? The Health Care FSA is what you need to help you get a real tax break on those expenses. The minimum annual contribution is \$120 and the maximum contribution is \$2,500. **What's New?** The reduction in the maximum contribution amount to \$2,500 is a requirement of the Patient Protection and Affordable Care Act (PPACA) of 2010.

Choose one of three reimbursement options during the enrollment process: Flex Debit Card, Automatic Bump, or Manual Reimbursement Method.

2. **Dependent Day Care FSA.** Do you pay for day care of a child or adult dependent while you and your spouse work? The Dependent Day Care FSA would help you save on your income tax for that expense. The minimum annual contribution is \$120 and the maximum contribution is \$5,000, or \$2,500 if you and your spouse file income taxes separately.

Here's How it Works:

1. You contribute pre-taxed dollars into your flex account via payroll deduction.
2. You submit eligible expenses for reimbursement throughout the year.
3. The money you paid out-of-pocket is reimbursed to you from your flex account.

By law, **retired** employees are not allowed to participate in the Flex program. For more information about PEEHIP's Flexible Spending Accounts, visit our web page at www.rsa-al.gov/PEEHIP/flex.html. ■

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Public Education Employees' Health Insurance Plan

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Web: www.rsa-al.gov
Phone: 877.517.0020, 334.517.7000
Fax: 877.517.0021, 334.517.7001



Federal Poverty Level Premium Discount Program

PEEHIP provides premium assistance to qualifying members (active and retired) based on the Federal Poverty Level (FPL). A PEEHIP member who has a combined family income of 300% or less of the FPL may qualify for a reduced premium on his or her PEEHIP Hospital Medical or HMO premium and may re-apply for the discount during Open Enrollment for an October 1, 2013, effective date, or apply anytime during the year for a prospective effective date. The discount does not apply to the optional coverage plan premiums. The discount can reduce your monthly premium by 10, 20, 30, 40 or 50% depending on your income.

To apply for FPL premium assistance, submit the Federal Poverty Level Assistance Application with a copy of your signed 2012 Federal Income Tax Return forms and copies of all supporting 1099s and W-2s. The form is available on the PEEHIP web page at www.rsa-al.gov/PEEHIP/peehip-pubs-forms.html. The FPL premium discount is effective for the plan year only, and recertification and re-enrollment is required annually during Open Enrollment. ■

Notice to Enrollees in a Self-Funded Non-Federal Governmental Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirement listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from the requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The Public Education Employees' Health Insurance Board has elected to exempt the PEEHIP from the following requirement:

- ◆ Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from this federal requirement will be in effect for the Plan Year beginning October 1, 2013. The election will be for every subsequent plan year. HIPAA also requires PEEHIP to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. For more information regarding this notice, please contact PEEHIP. ■

Part D Vaccinations for PEEHIP Retirees Enrolled in Medicare GenerationRx

Effective June 1, 2013, PEEHIP Medicare-eligible retirees and their covered Medicare-eligible dependents should have their physicians' offices file Part D vaccinations directly to the Part D carrier, MedImpact HealthCare Systems, Inc. through TransactRx. If necessary, members can use the Medicare Part D Direct Member Reimbursement Form to file paper claims directly to MedImpact for reimbursement.

For additional information or assistance, your physician's office can contact TransactRx at 866.522.3386 or access their website, www.transactrx.com, to enroll for online filing. An online frequently asked questions and answers document is also available. ■